



WILL COUNTY COVID-19 NONPROFIT ASSISTANCE GRANT PROGRAM ____WEBINAR____

Presented October 16, 2020



WELCOME & INTRODUCTIONS

WITH US TODAY

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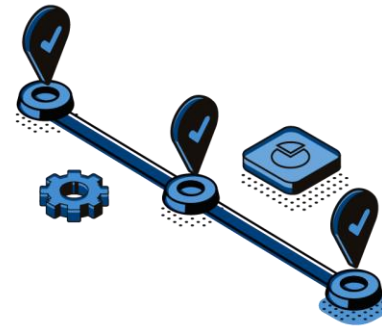
Bronner Group is a professional services firm helping Will County administer and ensure compliance with the money it received from the Coronavirus Relief Fund (CRF)



WELCOME & INTRODUCTIONS

AGENDA

- Introduction
- Program Overview
- Eligibility and Preference Criteria
- Application Process
- Application Review, Selection, Notification and Funding
- Questions
- Other Resources



PLEASE SUBMIT ANY QUESTIONS IN THE ZOOM CHAT. THEY WILL BE ADDRESSED AT THE END OF THE PRESENTATION

PLEASE REMAIN ON MUTE THROUGHOUT THE PRESENTATION



PROGRAM OVERVIEW

NON-PROFIT ASSISTANCE GRANT PROGRAM - OVERVIEW

PROGRAM OVERVIEW

- **Goal:** Support Non-profits financially impacted by COVID-19
- **Funding Amount:** Non-profits will receive a grant of up to \$2,000
- **Application Period:** October 7, 2020 - November 16, 2020
- **More Info and Applications:** <https://www.willcountyillinois.com/CARES-Act/Non-Profit-Assistance>

Will County may open-up additional opportunities for funding Non-profits, dependent on fund availability.



ELIGIBILITY CRITERIA

THE FOLLOWING CRITERIA WILL BE USED TO DEFINE ELIGIBLE NONPROFITS.

1. Currently designated as a 501(c)(3) nonprofit
2. Physical location in Will County
3. Public space, the nonprofits physical location must be accessible to either the general public, staff, or members
4. Increased costs or decreased revenue due to COVID-19
5. In good standing with the State of Illinois, Will County, and the IRS
6. Must have been operational and located in Will County since at least February 15, 2020 or earlier.

Non-Profits that meet the eligibility criteria listed are encouraged to apply



ELIGIBLE EXPENDITURES

These funds are intended to be used for operating expenses such as utilities, rent, mortgage, technology, personal protective equipment (PPE) and expenses due to disruptions from complying with public health orders related to COVID-19

Examples Include:

- Purchase personal protective equipment (PPE) and sanitation supplies
- Physical building adaptation/barriers
- Payroll costs for employees
- Rent or lease payments
- Mortgage or loan payments
- Utility payments
- Supplier payments
- Contract labor to implement public health measures
- Rent, lease, or purchase payments for business equipment implement public health measures
- Purchase Technology/applications to minimize employee and customer contact
- Other measures to implement social distancing
- Replace perishable inventory that was lost due to COVID-19 pandemic



INELIGIBLE EXPENDITURES

Funds may not be used for:

1. Severance Pay
2. Workforce bonuses other than hazard pay or overtime
3. Property taxes
4. Other taxes/fees/payments due to your municipality or Will County
5. Legal settlements
6. Expenditures that will be reimbursed through another assistance program



APPLICATION PROCESS

APPLICATION

- To apply and for any questions visit:

**WWW.WILLCOUNTYILLINOIS.COM/CARES-
ACT/NON-PROFIT-ASSISTANCE/NON-PROFIT-
APPLICATION**

- Non-profit must fill out an application and upload supporting documentation including a signed certification



APPLICATION

Will County 501 (c) (3) Non-profit Grant Program Application

Organization Identification		
Name of Entity: *		
<input type="text" value="Name of Entity"/>		
Charitable Organization Illinois Registration or Secretary of State Not-For-Profit Registration No.: *		
<input type="text"/>		
Location		
Street Address: *		
<input type="text" value="Street Address in Will County"/>		
City: *	State: *	Zip Code: *
<input type="text"/>	<input type="text"/>	<input type="text"/>

The purpose of these questions is to ensure the entity is in good standing with the State and to identify location.

If your mailing address is located outside Will County, you will note Will County address in your signed certification.



APPLICATION

Contact Information	
Name of Authorized Representative of Organization: *	Title of Authorized Representative: *
<input type="text"/>	<input type="text"/>
Contact Email for Authorized Representative: *	Contact Phone Number for Authorized Representative: *
<input type="text" value="Email"/>	<input type="text"/>

The purpose of these questions is to identify the authorized representative and to obtain contact information if there are follow-up questions.



APPLICATION

COVID-19 Financial Impact

Estimated total increase COVID-19 related expenditures between 3/1/20 - 10/1/20:

Estimated total decrease COVID-19 related revenue between 3/1/20 - 10/1/20:

*

*

Enter dollar (\$) amount

Enter dollar (\$) amount.

Organization financial assistance request due to COVID-19 of at least: *

☐ \$250 ☐ \$500 ☐ \$1,000 ☐ \$1,500 ☐ \$2,000 or more

The purpose of these questions is to ensure that the financial assistance is directly related to the impact of the COVID-19 Pandemic.

Please just indicate the total increase in expenditures and decrease in revenues that has not been addressed by other sources.

While the grant funding is currently limited to \$2,000 per applicant, we included a box "\$2,000 or more" in case future funds become available.



APPLICATION

Bank Information

Disbursement Financial Information:

Please provide the below information to facilitate the disbursement of your grant funds via ACH. This information will only be used if you are selected for a grant.

Account Holder: *

Name of Financial Institution: *

Name on the bank account to which grant funds will be deposited.

Please provide the name of your bank

Routing Number: *

Account Number: *

Account Type: *

This number must be nine (9) digits long. F

Please include any leading zeros.

==Please select==



APPLICATION

Documentation Upload

Please upload required documents, refer to Step 5 of the Application Instructions:

0% 0 kb

Reminder:

Make sure to hit the "Start Upload" button to complete the upload of your files.

1. PDF of the signed Application and Self-certification
2. Direct Deposit/ACH information is requested to allow fund to be transferred to your bank account
3. PDF of Cancelled Check to allow for Direct Deposit/ACH Payment
4. The W-9 form for your agency
5. PDF of 501(c)(3) current certification or other proof of current status, e.g. IRS Form 990 or 990-N

Note: Make sure to hit the "**Start Upload**" button to complete the upload of your files.

The purpose of this information is to confirm that the entity is in good standing and certifies it meets eligibility criteria.



APPLICATION – SELF CERTIFICATION PART 1

Will County CARES Act – Non-Profit Assistance Program Certification

On behalf of _____, I hereby certify that,
(Enter name of organization)

1. I am an authorized representative of this organization
2. The organization is currently a 501 (c) (3) organization in good standing with the U.S. Internal Revenue Service
3. The organization has a physical location in Will County, Illinois

(Enter address, city, state, zip)

4. The organization is registered with the State of Illinois Attorney General and/or the Illinois Secretary of State
5. The organization had increased costs and/or decreased revenues due to COVID-19 that were not covered by other CARES Act grant programs
6. The organization has been in operation in Will County since February 15, 2020 or earlier



APPLICATION – SELF CERTIFICATION PART 2

I certify that the statements above are true and I am authorized to sign on behalf of my organization.

Authorized Signatory's Name: _____

Authorized Signatory's Title: _____

Authorized Signatory's Email Address: _____

Signature (Physical signature required. Typed signatures will not be accepted)

Date

Instructions:

Please fill out and sign the certificate form above. Once completed, please upload an electronic version of this form as a part of your organization's application. Return to this webpage to submit the application: <https://www.willcountyillinois.com/CARES-Act/Non-Profit-Assistance>.

This self-certification establishes responsibility for the accuracy of the application.



APPLICATION

Authorize Signatory Information

Authorized Signatory's Name: *

Authorized Signatory's Title: *

Date: *

* This field is required

Submit

Reset

1. Once uploaded, ensure you click the “Submit” button to finish the application process.
2. A confirmation email will be automatically sent to the email provided.



APPLICATION REVIEW, SELECTION, NOTIFICATION AND FUNDING

AFTER APPLICATIONS CLOSE

APPLICATION REVIEW AND SELECTION

- Upon submission, the eligibility of applicants will be verified. We are not waiting for the application period to close before awarding funds.
- Please anticipate 4 to 6 weeks for applications to be processed.
- Payments will be made via ACH.

AFTER NONPROFITS RECEIVE THEIR GRANTS

Grantees may be subject to an audit. All nonprofits are required to comply with all provisions set forth in the program guidelines may be subject to repayment of funds.



QUESTIONS





TIPS TO STAY HEALTHY

Practice the 3 W's every time you are away from home and unable to spatial distance from others

- Wear a face covering
- Wash your hands with soap & water
- Watch your physical distance, staying 6 feet from others

OTHER RESOURCES

FEDERAL

- [Centers for Disease Control \(CDC\)](#)

STATE

- [Rebuild Distressed Communities Program](#)

OTHER RESOURCES

- [Will County Center for Economic Development](#)
- [Joliet Region Chamber of Commerce](#)
- [University of Chicago Polsky Center](#)
- [Grants Plus](#)

REOPENING GUIDELINES AND RESOURCES

- [Illinois Department of Commerce & Economic Opportunity](#)
- [Centers for Disease Control and Prevention](#)
- [State of Illinois Coronavirus \(COVID-19\) Response](#)

